



MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES
DIVISION OF DRUG CONTROL REGISTRATION FOR CONTROLLED DANGEROUS SUBSTANCES (CDS)
ESTABLISHMENT INSTRUCTIONS (Effective January 1, 2016)

GENERAL DIRECTIONS: Print or type all entries for legibility purposes. Application Sections 1, 2 and 3 must be completed, signed and dated. Incomplete applications will be returned, which delays CDS issuance. If DDC on-line verification web page states "pending," contact DDC for follow-up. **Allow approximately 4 to 5 business weeks for the entire process to be completed, including mailing of permit** (does not include holidays and other State closings). DDC can grant active CDS status for applicants to practice or conduct business relative to CDS, until the division takes final action on the application. (Contact DDC at 410-764-2890 for details.). Application status can be checked at: <http://dhmh.maryland.gov/laboratories/cdcsearch> or GOOGLE: Maryland CDS Search.

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

A. ESTABLISHMENT CLASSIFICATION

- 1) Select/Check the box (☒) next to the type of establishment classification for which you are requesting registration/certification.
- 2) A separate application is required for each establishment type.
- 3) Submit required license and documentation for Establishment for which requesting registration/certification, such as:
 - (a.) Health Occupational Board License (**L**)
 - (b.) Office of Health and Quality Care License (OHCQ)
 - (c.) U.S. Food & Drug Administration License (FDA)
 - (d.) Establishment Questionnaire (**EQ**)

B. Payment Details

Select type of application by checking the box (☒) next to the amount for that type. Check/money order must be dated, signed and the written number amount written on checks must match the numerical amount. Check/money order must be made payable to DHMH-Drug Control, and **APPLICATION FEES ARE NON-REFUNDABLE FOR PARTIAL OR FULL REGISTRATIONS.**

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| <ol style="list-style-type: none">1) Renewal and New (3-Year \$120): Additional fees for Address and Name Changes are not required at time of renewal. For new CDS, a tentative processing # is given until DDC issues permanent CDS #. The Temp # cannot be used to apply for the DEA's registration. An additional permit is required for each location where CDS is administered, stored, dispensed, manufactured, imported, and exported.1) Address Change (\$50): Application must be submitted whenever there is a change of address printed on the CDS permit but will not be approved until inspection has been passed and/or change is made with respective DHMH Professional Board.2) Mailing Address Change (\$0): No fee for changing address.3) Name Change (\$50): Submit a copy with the name change on the above establishment license in Section 1-A: 3) (a). HOBL; (b) OHCQ and (c) FDA. | <ol style="list-style-type: none">4) Duplicate (\$30): Please check DDC on-line web site to confirm expiration date prior to submitting application and fee. Application and fee submitted for expired permit will be denied and fee is non-refundable.5) Change of Ownership (\$144): Inspection must be conducted by the DHMH State Board(s) or DDC as appropriate prior to the approval. The supporting DHMH State establishment license and the original CDS must be immediately submitted to DDC after the ownership change is finalized.6) Closing (\$0): No fee. DDC will require and give notification for closing inspection for in-state establishments. Out-of-state establishments must surrender the original CDS to DDC within 10 CALENDAR DAYS, and include notice of how and to whom CDS was transferred or disposed of. |
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C. Fee Exempt Details

Check the box (☒) next to State or Local Government. Certifying Official must list Agency Unit Code to verify registrant is paid by government for fee-exempt status. DDC issues fee exempt registrations to State and Local Government facilities or institutions. Certifying details, signature and date must be listed, authorizing CDS is handled at exempt location only.

SECTION 2: APPLICANT DETAILS

- A-E. List full name, title and address of business where the CDS Registration will be used and full name of responsible person. A mailing address can also be listed (*optional*). List (city/county) within which the business is located. A post office (PO) box is not acceptable. If preferred, include a mailing address where the CDS is to be mailed, if different from the business address.
- F-G. List fax (**required**), alternate telephone numbers, such as mobile/cell, and **email address required** for follow-up and renewal notice purposes.
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SECTION 3: PROFESSIONAL LICENSE DETAILS

- A-C. List the required license and expiration date for the profession for which you are requesting registration. List the Federal Tax I.D. # and Federal DEA Permit # and expiration dates. If the DEA is pending the issuance of the CDS, please list "pending".
- D-F. Answer Questions D, E, F pertaining to your Professional License. Do not skip any question. Answer "yes" or "no" to each question. If the answer is yes to any question, submit a detailed explanation and copies of pertinent and supporting documentation.
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Signature and Date (Required): Sign and date the application. No signature and date will determine your application to be "incomplete" and delayed. (**Your signature attests to the fact that the information provided is accurate.**)